

FILED JAN 2 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42616

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1004		Registrar's No. 10945	
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 2239			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO c. LENGTH OF STAY (in this place) 0				c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1619 S. BROADWAY				e. STREET ADDRESS (If rural, give location) 1619 S. BROADWAY			
3. NAME OF DECEASED (Type or Print)		a. (First) THERESA		b. (Middle) -		c. (Last) MOHR	
4. DATE OF DEATH		a. (Month) DEC.		b. (Day) 21		c. (Year) 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEB. 3, 1887		9. AGE (in years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HUNGARY 4		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JACOB WILHELM		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MIKE MOHR (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CATHERINE RANNEBERG 2011 VICTOR			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic disease 9 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4501			
22. I hereby certify that I attended the deceased from 1-17, 1941, to 12-20, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 12 P. m., from the causes and on the date stated above.							
23a. SIGNATURE W. R. Grimm (Degree or title)		23b. ADDRESS 2227 S. Broadway		23c. DATE SIGNED 12-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 23 1950		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. DEC 22 1950		REGISTRAR'S SIGNATURE J. B. Fessler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Kenois			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Leo J. Buddh*

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address. *St. Louis,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.